

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE					FEE
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY	
Total Claims	14	-	* 20	=	0	X	\$9	\$18	=	\$ 0	0	
Indepen- dent Claims	1	-	** 3	=	0	X	\$42.00	\$84.00	=	0	0	
Multiple Dependent Claim(s) Presented _____ Yes <u>X</u> No For First Time							\$140	\$280	0	0	0	
							TOTAL ADDITIONAL FEE					\$0.00

Applicants: John Loike and Samuel C. Silverstein

Serial No.: 09/177,843

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Amendment Transmittal Letter

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- \*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- \*\*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- \*\*If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

\_\_\_\_\_ Please charge Deposit Account No.  
in the amount of \$\_\_\_\_\_.

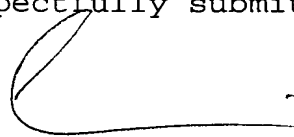
\_\_\_\_\_ A check in the amount of \$\_\_\_\_\_ is enclosed.

  X   The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

  X   Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

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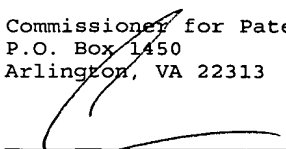
Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Date 7/11/03